

Enhancing Community Access for Long-Term Care

Progress Update on SB 374: Review and Support of Community Initiatives

Legislative Basis

SB 374 requires HHSC to assist communities, at their request, in developing comprehensive, community-based support and service delivery systems for long-term care services. HHSC shall provide resources and assistance to enable the community to:

1. Identify and overcome barriers to comprehensive community support systems;
2. Develop system of blended funds; and
3. Develop local system of access and assistance to full range of long-term care services.

Communities shall submit proposals to HHSC for review and approval. HHSC shall review proposals to ensure consistency with other similar programs in communities and to ensure the proposal does not duplicate other community services.

Purpose and Process

HHSC is leading and managing the process for receiving, reviewing and responding to proposals from communities for community-based systems of long-term care. The review focuses on two issues: (1) ensuring appropriate community participation in the proposal development process and (2) identifying needs and sources for providing technical assistance and resources for communities.

Activities to Date

March 8 - Meeting with Texas Association of the Area Agencies on Aging

March 16 – Meeting to plan proposal review process with HHS Agencies Access Steering Committee. Discussed composition of Review Committee.

April 25 - First meeting of the Community Initiatives Review Committee. Background for SB374 was provided and the committee received an overview of the processes the AAA's used to develop proposals. The Committee discussed the review process, designed the review "checklist", established the review schedule, and set the next meeting for June 22nd.

June 22 – Second meeting of the Community Initiatives Review Committee. Major topics and decisions:

- Completed initial review and feedback to first 14 regional plans. Agreed upon plan for completing review of remaining proposals.
- Clarified committee's role with respect to regional plans. The committee's charge from Commissioner Gilbert is not to approve or disapprove plans, but to provide the feedback and assistance to communities that will help them make progress toward implementing their regional plans. The role of the Health and Human

Services Commission is to coordinate the overall effort and to mobilize HHS agency resources to respond to the needs identified in regional plans. At present there are no State dollars set aside for supporting these plans. Communities will be encouraged and assisted to find ways to begin implementation of their plans in a staged approach, with the first stage based on utilization of existing community resources and HHS agencies' assistance. Further stages could begin upon receipt of grant money and/or State funds (if any become available).

- In order to develop a shared vision for the future of enhanced access to community-based services for long-term care, the committee brainstormed a list of the specific results they would expect to find one year after the implementation of a regional access plan:
 - All people with disabilities, of all ages, are getting the information and services they need and are forming positive, helping relationships with service providers.
 - When consumers call the center and explain their needs, the person answering the call has the right answers on how consumers can get their needs met.
 - Referrals for services are appropriate and targeted to the individual needs of the consumer.
 - Consumers receive personal contact when they interact with the system, not phone menus.
 - Staff have an attitude of trying to find a way to provide services rather than of trying to find a way to deny services.
 - When consumers go to the agency, the case manager addresses their presenting needs, identifies other needs the consumer might have, and begins the process to get help.
 - Consumers are able to get multiple needs met at one location, without having to go to several different agency sites.
 - People are getting their needs met quickly.
 - There is an increase in the number and percentage of people who are aged and/or disabled who can be served in their own community rather than in institutional settings.
 - An active public relations campaign has increased community awareness of the needs of people who are aged and/or disabled and of the services available to them.
 - Communities are better able to identify gaps in services and supports needed to serve people who are aged and/or disabled.
 - The service system educates people to be more effective consumers.

- Public and private agencies are working together at the local, State and Federal levels ensure that the system meets consumers' needs efficiently and effectively.
- The service system provides:
 - ♦ access services regardless of income;
 - ♦ quick and easy access to a broad array of services;
 - ♦ the ability for consumers to exercise choice in the services they receive;
 - ♦ assistance in transportation needs;
 - ♦ mobility and communication accessibility; and
 - ♦ increased use of technology for to improve access and services.
- The committee decided that after giving communities feedback based upon the initial review of their plans, the committee should focus upon identifying resources for providing the technical assistance and support communities will need to implement their plans. Once all plans have been reviewed, the committee plans to invite community representatives to a "summit" meeting to address needs of individual communities and to provide information on resources and best practices that communities may want to incorporate into their approaches.

August 1. Third meeting of the Community Initiatives Review Committee. Major topics and decisions:

- In response to requests from several communities, the committee proposed a common name for regional access projects: "Texas Long-term Care Access." The acronym is *TLC Access*.
- HHSC had received eight responses to the feedback sent to fourteen communities on their regional access plans. The committee reviewed and discussed these responses.
- The committee completed review of five more community plans and reviewed proposed feedback to these communities.
- The committee discussed issues relating to evaluation of regional access projects. Each project has proposed some level of evaluation, ranging from simple customer satisfaction studies to more extensive outcome evaluation studies. The committee felt there needs to be three levels of response on evaluation activities:
 1. Technical assistance and support on evaluation activities to communities upon request;
 2. Self assessment of project by communities; and
 3. Statewide evaluation of core outcomes for TLC Access projects.

- The committee discussed the issue of how to provide support to communities to further efforts to implement their plans. The committee proposed that there be a series of regional meetings, whose purpose would be to provide guidance and support to communities, to enable communities to interact and learn from one another, and to provide training and address specific issues as requested by communities. At each meeting there would be representatives from about four communities.

Review Committee Composition

Consumer/Advocate/Family Members

Children with Disabilities – Jeri Kounce, Parent; Letitia Clay, Arc of San Angelo; Colleen Horton, Parent

Adults with Disabilities – Barrett Markland, Advocacy; Lucinda Harman, Combridge, Inc; Judy Telge, Accessible Communities; Ty Tyler, VAIL

Aging Population – Bert Holmes; Chris Kyker; Jesse V. Noland, Jr.

Agency Representatives

(MHMR) Susan Garnett, MR Services, Tarrant Co.; (DHS) Kathy Maxey, Girling Health care; (TDoA) Velma Gonzales, TARC; (TDH) Jane McHan, West Texas Rehab; (PRS) TBD

Ex Officio Agency Representatives

Karl Urban, HHSC; Judy Windler, HHSC; Heather Hajovsky, MHMR; Carl Giles, DHS; Bettye Mitchell, DPRS; Christy Fair, TDoA; John Scott, TDH

Status of Community Plans

20 plans received, 6 plans yet to be submitted by 8/31/00 (23 total). 14 have been reviewed and feedback provided to communities. Target for completing remaining reviews is 9/30/00. Status of plan submission is as follows:

AAA Region	Plan Submitted	Plan Due	Reviewed
Alamo	4/4 (with Bexar)		✓
Ark-Tex	4/28		✓
Bexar Co.	4/4 (with Alamo)		✓
Brazos Valley	6/26		✓
Capital Area	July, 2000		
Central Texas	4/28		✓
Coastal Bend	5/4		✓

AAA Region	Plan Submitted	Plan Due	Reviewed
Concho Valley	5/19		✓
Dallas Co	6/2000		✓
Deep East Texas	3/31 (with Southeast)		✓
East Texas	4/20		✓
Golden Crescent		August 31	
Harris County		July 7	
Houston-Galveston		July 7	
Heart of Texas	June 26		✓
Lower Rio Grande		August 31	
Middle Rio		August 31	
NORTEX	5/11		✓
North Central	2/29		✓
Panhandle	4/14		✓
Permian Basin	5/8		✓
Rio Grande Valley	4/25		✓
South Texas		July 7	
South East Texas	3/31 (with Deep East)		✓
South Plains	5/8		✓
Tarrant County	4/10		✓
Texoma	3/17		✓
West Central Texas	3/28		✓

Emerging Themes

- Communities were highly successful in assembling a broad array of public and private service providers, advocates, consumers and interested citizens to develop their plans
- Plans are inclusive of both the aging and disability communities' interests and needs.
- Most communities made a strong effort to make maximum utilization of existing resources and services.
- Other features include:
 - integrated I & R,
 - multiple points of entry,
 - standardized intake and care plan among the provider network,

- shared client database,
- increased client choice in services,
- evaluation of program effectiveness and customer satisfaction.

Resources and Assistance Needed

Most plans proposed a service configuration that made maximum use of existing resources. Nevertheless, all communities indicate the need for some level of additional resources to full implement their vision. Such additional resources include funding and/or technical assistance for:

- case managers, other staff;
- QA-research-customer satisfaction studies;
- computer hardware and software;
- telecommunications and information systems design, development and implementation;
- Training development and delivery; and
- Marketing development and delivery.

Interaction of Aging and Disability Communities

At the June 22nd Community Initiatives Review Committee meeting, there was strong agreement that the community planning process in and of itself has brought the aging and disability groups closer together at the community level. Communities assembled a broad array of providers, advocates, and consumers and were highly successful in working together to develop plans that are inclusive of both aging and disability community interests. In the process, relationships have been established that should continue to have a positive impact upon the shape of future services for people who are aged and/or disabled.

Based on a review of the first fourteen regional plans, it is clear that the aging and disability communities are working together to make these plans comprehensive and effective. 71% of the committee felt that the plans are broad based and representative of the broad range of stakeholders and systems. 77% feel that the plans are inclusive of consumers across age and disability groups. There are some indications already that the improvement in the relationship between the aging and disability communities at the local level has had some impact at the State level. Communities will be encouraged to continue to strengthen and build upon these relationships.

Next Steps

- Provide feedback from committee to the five communities whose plans were reviewed.
- Develop draft outline for an approach to evaluation activities.

- Develop concept of regional meetings in concert with input from stakeholders.
- Review remaining plans as they are received.
- Next Meeting September 21.